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ETON URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Sanitary Inspector

FOR THE YEAR

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ETON URBAN DISTRICT COUNCIL

Public Health and General Purposes Committee

January to May, 1951.

Chairman:

Councillor A. N. HARDING, J.P.

Councillor R. J. CLIBBON

„ MRS. M. A. GOWAN

„ MRS. W. H. HAY

„ R. P. HORNBY

„ J. T. IRELAND (Vice-Chairman of the Council)

„ P. V. MACKINNON (Chairman of the Council)

„ B. T. WOLFE

May to December, 1951.

Chairman:

Councillor ~~A. N. HARDING, J.P.~~ J.T. Ireland.

Councillor R. J. CLIBBON

„ MRS. W. H. HAY

„ B. J. W. HILL

„ ~~J. T. IRELAND (Vice-Chairman of the Council)~~ A. N. Harding.

„ P. V. MACKINNON (Chairman of the Council) J.P.

„ F. W. PAINTIN

„ B. T. WOLFE

ETON URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year 1951

To the Chairman and Members of the Eton Urban District Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health and sanitary circumstances of the district for the year 1951.

I am pleased to be able to report that the amount of sickness has been small and we have not had to cope with any major epidemics. Measles is the only notifiable infectious disease which attracts attention but the numbers this year have been fewer than in 1950. Births and Deaths also are slightly below last year's figures.

In some instances notifications of infectious diseases are received long after the event and there is some reason to suppose that cases occasionally get overlooked and not notified at all. In the absence of first-hand information relating to a specific case, there is little that can be done about this, apart from sending reminders to practitioners of their obligations periodically, and refusing to pay the statutory fee in respect of notifications received too late to be of value to the Health Department in the control of infectious diseases. It is, of course, preferable to encourage prompt notification by co-operation rather than resort to punitive measures.

The new Puerperal Pyrexia Regulations which came into force during the year altered the definition of the disease so that febrile conditions not previously notifiable became notifiable. As the amount of midwifery done at home is at present small in comparison with the number of cases delivered in hospital, the effect of these regulations is seen mainly in districts where there is a hospital with a Maternity Unit. The additional notifications are then received by the local authority of the district in which the hospital is situated, irrespective of the place of residence of the patient before admission.

Once again no cases of diphtheria were reported in the district and the total number for England and Wales was 699 compared with 23,199 in 1944. The Minister of Health, in a circular sent to all Local Authorities, has expressed his appreciation of this remarkable effort, but at the same time issues a warning against complacency and urges that the campaign must be no less vigorously sustained if a level of safety is to be secured. It is undoubtedly a fact that frequent references to the virtual disappearance of the disease have often been misunderstood by the general public as implying absolute elimination rather than elimination conditional upon the maintenance of an adequate level of immunisation. The National level of immunisation of children before their first birthday in 1951 was dangerously low, being only 28% of the estimated number instead of the required 75%.

The Mass Radiography Unit visited South Bucks during the year and examined people from (so far as can be ascertained) three Local Authority Areas including the Eton Urban District. It is unfortunate that no attempt was made to keep separate figures for the different local authorities' areas, with the result that no relevant statistics are available. In spite of good relations which exist between the Hospital, Public Health, and General Practitioner Services, there appears to be room for more co-operation in the field of tuberculosis.

As the year 1951 was a census year, I feel it would be appropriate and of interest to members if I include here a few comments on the facts revealed by the census sample tables.

The ageing of the population has increased considerably since the previous census, because the birth rate has declined and people on the average are living longer.

In 1931 the age group 15-34 comprised about one third of the total population, but in 1951 this group was only slightly more than one quarter. In 1931 one male in 15 was aged 65 and over, while in 1951 the ratio was 1 in 11. The proportion of women aged 65 and over has increased from 1 in 12 to 1 in 8 in 1951. At ages 65 and over, the ratio of males to females is now two to three, and at ages 85 and over it is one to two.

These already well known population trends revealed by the census emphasise once again that the care of the aged and infirm will become more and more a burden on the Medical and Social Services.

The marriage boom which began during the war has notably increased the proportion of married women. In 1931 the percentage of married women in age groups 15-19, 20-24, 25-34 was 1.8, 25.8 and 67.0, compared with 4.5, 48.4 and 81.9 in 1951. In Britain in 1951, 15½ million men and 7 million women followed an occupation

for payment or profit. These figures represent an increase over those of 1931 of $2\frac{1}{2}$ millions for males and $1\frac{1}{4}$ million for females. One fifth of all married women are now following a paid occupation and this is twice the proportion in 1931. Over one quarter of a million men aged 70 and over, and 110,000 women aged 65 and over are still working.

The survey shows that there were 12,312,000 structurally separate dwellings occupied by private households of which 60% were 4 or 5 rooms. Dwellings of all sizes up to 5 rooms have increased since 1931, while dwellings with 6 rooms or more have declined. It is noted that the overall picture of housing density shows very little change from the position in 1931 and the increase of $3\frac{3}{4}$ millions in the population has not lowered the standard of density. In the housing statistics it is also revealed that 45% of all households are without a fixed bath and either sharing with another household or making do without. These facts may be of some value in forecasting local tendencies and requirements, particularly in so far as old people are concerned and the need to make better provision for their welfare.

I wish to mention that, in reading the report, excessive importance should not be attached to rates where they are quoted, as these are often based on very small numbers. It is advised that rates should be studied in conjunction with the actual numbers concerned and it should be borne in mind that comparisons with other areas or with previous years may have little statistical significance.

Before concluding, I should like to say that the work of the Public Health Department is never spectacular and in fact the better we do our job the less obvious our existence becomes. Long columns of figures in the tables of diseases and mortalities, etc., are not synonymous with the amount of work done in the field of prevention; they are valuable records and so, also, are the negatives or nil returns.

I have pleasure in saying that I have received encouragement from the keen interest shown by all Members of the Council in Public Health matters, and the full co-operation which I have had from the Sanitary Inspector.

I am,

Your obedient servant,

G. M. HOBBIN,

Medical Officer of Health.

SECTION I

GENERAL STATISTICS

Area	969.3 acres
Number of inhabited houses at end of 1951 (according to Rate Books)	1,024
Rateable value at 1.4.51	£45,053
Product of Penny Rate (1951/52).....	£181/11/7

VITAL STATISTICS

Live Births

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	26	27	53
Illegitimate	—	—	—
	—	—	—
Totals	26	27	53
	—	—	—
Birth Rate per 1,000 population			11.33
National Rate			15.5
Comparability Factor			1.61

Still Births

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	3	—	3
Illegitimate	—	—	—
	—	—	—
Totals	3	—	3
	—	—	—
Still Birth Rate per 1,000 Total Births			53.57
Still Birth Rate per 1,000 population			0.64
National Rate (per 1,000 population)			0.36

Deaths

	<i>Male</i>	<i>Female</i>	<i>Total</i>
	—	—	—
Totals	15	15	30
	—	—	—
Crude Death Rate per 1,000 population			6.42
Corrected Death Rate—allowing for sex and age (Comparability Factor = 1.23)			7.90
National Death Rate			12.5
Ratio of Corrected Death Rate to National			2.95

Infant Mortality (Deaths of Infants under 1 year of age)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	Nil	Nil	Nil
Illegitimate	Nil	Nil	Nil
	—	—	—
Totals	Nil	Nil	Nil
	—	—	—
Death Rate for all Infants per 1,000 Live Births			Nil
National Rate			29.6
Death Rate for Legitimate Infants per 1,000 Legitimate Births			Nil
Death Rate for Illegitimate Infants per 1,000 Illegitimate Births			Nil

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	Nil	Nil	Nil
Illegitimate	Nil	Nil	Nil
	—	—	—
Totals	Nil	Nil	Nil
	—	—	—
Death Rate for all Infants under 4 weeks per 1,000 Live Births			Nil

Maternal Mortality (Deaths due to or associated with pregnancy and childbearing)

Total from all causes (excluding abortion)	Nil
Maternal Death Rate per 1,000 total births (live and still)	Nil

Analysis of Maternal Mortality Rates per 1,000 total births, also National Rates

	<i>Eton Urban District</i>	<i>England and Wales</i>
(a) Abortion with sepsis	Nil	0.09
(b) Other abortion	Nil	0.05
(c) Complication of pregnancy and delivery	Nil	Nil
(d) Sepsis of childbirth and the puerperium	Nil	0.10
(e) Other complications of the puerperium	Nil	0.18

Mortality of Children under 2 years from Enteritis and Diarrhoea.

Total Deaths.....	Nil
Death Rate per 1,000 Live Births	Nil
National Rate	1.4

CAUSES OF DEATH in the Eton Urban District during 1951

			<i>Male</i>	<i>Female</i>	<i>Total</i>
	All Causes .....	.....	15	15	30
1.	Tuberculosis, respiratory .....	.....	1	1	2
2.	Tuberculosis, other .....	.....	—	—	—
3.	Syphilitic disease .....	.....	—	—	—
4.	Diphtheria .....	.....	—	—	—
5.	Whooping Cough .....	.....	—	—	—
6.	Meningococcal infections .....	.....	—	—	—
7.	Acute Poliomyelitis .....	.....	—	—	—
8.	Measles .....	.....	—	—	—
9.	Other infective and parasitic diseases .....	.....	—	—	—
10.	Malignant neoplasm—stomach .....	.....	—	1	1
11.	Malignant neoplasm—bronchus .....	.....	1	—	1
12.	Malignant neoplasm—uterus .....	.....	—	1	1
13.	Malignant neoplasm—breast .....	.....	—	—	—
14.	Other malignant and lymphatic neoplasm .....	.....	2	1	3
15.	Leukaemia, aleukaemia .....	.....	—	—	—
16.	Diabetes .....	.....	—	—	—
17.	Vascular lesions of nervous system .....	.....	2	2	4
18.	Coronary disease, angina .....	.....	—	—	—
19.	Hypertension with heart disease .....	.....	1	1	2
20.	Other heart disease .....	.....	2	3	5
21.	Other circulatory disease .....	.....	—	2	2
22.	Influenza .....	.....	—	—	—
23.	Pneumonia .....	.....	1	1	2
24.	Bronchitis .....	.....	4	1	5
25.	Other diseases of respiratory system .....	.....	—	—	—
26.	Ulcer of stomach and duodenum .....	.....	—	—	—
27.	Gastritis, enteritis and diarrhoea .....	.....	—	—	—
28.	Nephritis and nephrosis .....	.....	—	—	—
29.	Hyperplasia of prostate .....	.....	—	—	—
30.	Pregnancy, childbirth abortion .....	.....	—	—	—
31.	Congenital malformations .....	.....	—	—	—
32.	Other defined and ill defined diseases .....	.....	1	1	2
33.	Motor vehicle accidents .....	.....	—	—	—
34.	All other accidents .....	.....	—	—	—
35.	Suicide .....	.....	—	—	—
36.	Homicide and operations of war .....	.....	—	—	—

Table I
Deaths and Death Rate per 1,000 Population from Principal Causes — 1947 - 1951

Disease	1947 No. of Deaths	1947 Death Rate	1948 No. of Deaths	1948 Death Rate	1949 No. of Deaths	1949 Death Rate	1950 No. of Deaths	1950 Death Rate	1951 No. of Deaths	1951 Death Rate
T.B. Respiratory	2	0.44	—	—	—	—	—	—	2	0.427
Malignant diseases of all types	—	—	3	0.65	6	1.31	7	1.54	6	1.28
Pneumonia	10	2.21	1	0.21	—	—	2	0.44	2	0.427
Bronchitis	—	—	4	0.84	4	0.84	3	0.66	5	1.07
Diabetes	—	—	—	—	—	—	1	0.22	—	—
Vascular lesions of the nervous system	—	—	—	—	—	—	7	1.54	4	0.85
Disease of heart, all types	18	3.99	16	3.06	16	3.50	17	3.74	7	1.50
Congenital Malformation	1	0.22	—	—	—	—	—	—	—	—
Other Circulatory Diseases	1	0.22	1	0.21	1	0.21	1	0.22	2	0.427

Table II
Comparison of Local and National Birth Rates, Death
Rates and Infant Mortality Rates from 1941 to 1951

Year	Birth Rates per 1,000 Population		Death Rates per 1,000 Population		Infant Mortality Rates (i.e. under 1 year of age) per 1,000 Live Births	
	Eton Urban District	England & Wales	Eton Urban District	England & Wales	Eton Urban District	England & Wales
1941	10.2	14.2	9.7	12.9	44.4	59.0
1942	11.7	15.8	9.0	11.6	81.6	49.0
1943	10.8	16.5	8.8	12.1	Nil	49.0
1944	12.0	17.6	7.9	11.6	58.8	46.0
1945	14.4	16.1	7.5	11.4	52.6	46.0
1946	15.9	19.1	7.2	11.5	37.7	43.0
1947	16.6	20.5	9.3	12.0	18.2	41.0
1948	14.6	17.9	8.9	10.8	29.87	34.0
1949	8.2	16.7	8.0	11.7	Nil	32.0
1950	14.3	15.8	9.91	11.6	30.77	29.8
1951	11.33	15.86	6.40	12.5	Nil	29.6

SECTION II
Table III
Tuberculosis

New Cases and Hospital Admissions									
Age periods	Pulmonary			Non Pulmonary			Combined Totals	No. admitted to Hospital	
	Male	Female	Total	Male	Female	Total		New Cases	Previously Notified
0 - 5 years	-	-	-	-	-	-	-	-	-
5 - 15 years	-	-	-	1	-	1	1	-	-
15 - 25 years	-	-	-	-	-	-	-	1	1
25 - 35 years	1	1	2	-	-	-	2	-	-
35 - 45 years	-	-	-	-	-	-	-	-	-
45 - 55 years	-	-	-	-	-	-	-	-	-
55 - 65 years	-	-	-	-	-	-	-	1	-
65 yrs. and over	-	-	-	-	-	-	-	-	-
Totals	1	1	2	1	-	1	3	2	1

Table IV
Notification Register — Additions and Deletions
Additions

	Pulmonary			Non Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
No. on register. 1st January, 1951	14	12	26	6	3	9	35
No. entered by notification	1	1	2	1	—	1	3
No. entered other than by notification	—	—	—	—	—	—	—
Deletions							
No. removed from register due to:—							
(a) Death	1	1	2	—	—	—	2
(b) Removed from District	—	—	—	—	—	—	—
(c) De-Notification	—	—	—	—	—	—	—
No. remaining on Register at 31.12.51	14	12	26	7	3	10	36

Table V
Mortality
Comparison of deaths from Tuberculosis during 1951 with previous years

Year	Population	Pulmonary		Non-Pulmonary		Combined Totals	Death Rate per 1,000 Population
		Male	Female	Male	Female		
1942	4,201	-	-	-	-	-	-
1943	4,071	-	-	1	-	1	0.21
1944	3,920	1	1	1	-	3	0.63
1945	4,282	-	-	-	1	1	0.21
1946	4,414	2	-	-	1	3	0.63
1947	4,513	2	-	-	-	2	0.42
1948	4,590	-	-	-	-	-	-
1949	4,570	-	-	-	-	-	-
1950	4,540	-	-	-	-	-	-
1951	4,676	1	1	-	-	2	0.42

Non Pulmonary Tuberculosis

The sites of infection in new cases of Non-Pulmonary Tuberculosis notified were as follows :-

Site	Male	Female
Hip	1	-

SECTION III

Table VI

Prevalence of Notifiable Diseases

Showing cases notified during 1951, numbers admitted to Hospitals and Deaths

Also Notifications for years 1941 - 1950

Disease	Cases Notified 1951	Cases admit'd to Hosp. 1951	Deaths 1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	1	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	2	3	—	2	8	—	—	5	13	2
Enteric Fever	—	—	—	—	—	—	—	—	—	—	1	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	2	—	—	—	—	1	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	1	1	—	—	1
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	85	—	—	105	28	1	44	91	40	1	60	—	—
Whooping Cough	1	—	—	17	7	—	5	—	—	1	4	—	—
Meningococcal Infection	—	—	—	—	2	—	—	—	—	—	—	—	—
Poliomyelitis— (a) Paralytic	—	—	—	—	—	—	2	—	—	—	—	1	1
(b) Non Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	1	—	—	—	—	1	—	—	—	—
Food Poisoning	—	—	—	—	3	—	—	—	—	—	—	—	—
Tuberculosis— Pulmonary	2	1	1	—	—	—	2	2	—	2	—	—	—
Non Pulmonary	1	1	1	—	—	—	—	—	1	1	1	—	—

Table VII

Measles

Ages in years of cases notified

Month	Under 1 year	1/2	2/3	3/4	4/5	5/10	10/15	15/25	25/35	Over 35 years	Totals
January	—	—	—	3	2	2	—	—	—	—	7
February	—	—	—	—	1	—	—	—	—	—	1
March	—	1	1	3	2	10	—	—	—	—	17
April	—	2	3	1	3	17	—	—	—	—	26
May	1	1	3	3	6	16	2	—	2	—	34
June	—	—	—	—	—	—	—	—	—	—	—
July	—	—	—	—	—	—	—	—	—	—	—
August	—	—	—	—	—	—	—	—	—	—	—
September	—	—	—	—	—	—	—	—	—	—	—
October	—	—	—	—	—	—	—	—	—	—	—
November	—	—	—	—	—	—	—	—	—	—	—
December	—	—	—	—	—	—	—	—	—	—	—
Totals	1	4	7	10	14	45	2	—	2	—	85

Table VIII
Immunisation and Re-Immunisations

	Primary Immunisation				Re-Immunisation
	Age at date of final injection			Total	
	Under 1	1 to 4	5 to 14		
Diphtheria only	5	5	—	10	62
Diphtheria / Whooping Cough combined	19	10	—	29	—
Whooping Cough only	—	—	—	—	—

SECTION IV

Table IX

Factories Act, 1937

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH, including Inspections made by Sanitary Inspectors.

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
1. Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authority	27	35	nil	nil
2. Factories not included in 1. in which Section 7 is enforced by the Local Authority	—	included in above	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	nil	nil	nil	nil
TOTAL	27	35	nil	nil

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	No. of cases in which defects were found				No. of cases in which prosecu- tions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Insp. (4)	By H.M. Insp. (5)	
Want of cleanliness (S.1)	nil	nil	nil	nil	nil
Overcrowding (S.2)	—	—	—	—	—
Unreasonable tempera- ture (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	nil	nil	nil	nil	nil

SECTION V

WATER ANALYSIS

Bacteriological Examination of Samples of Water

1.

Number of Colonies developing on Agar:

	1 day at 37°C. 10 per ml.	2 days at 37°C. 15 per ml.	3 days at 20°C. 400 per ml.
	<i>Present in</i>	<i>Absent from</i>	<i>Probable No.</i>
Presumptive Coli-aerogenes Reaction	50 ml.	20 ml.	5 per 100 ml.
Bact. coli. (Type 1)	100 ml.	50 ml.	1 per 100 ml.
Cl. Welchii Reaction	— ml.	100 ml.	
Intermediate Type 1.			

This sample is practically clear and bright in appearance and shows only a very moderate degree of bacterial impurity including Bact. coli in minimal numbers.

2.

Number of Colonies developing on Agar:

	1 day at 37°C. 1 per ml.	2 days at 37°C. 1 per ml.	3 days at 20°C. 1 per ml.
	<i>Present in</i>	<i>Absent from</i>	<i>Probable No.</i>
Presumptive Coli-aerogenes Reaction	100 ml.	50 ml.	1 per 100 ml.
Bact. coli (Type 1)	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction	— ml.	— ml.	
Intermediate Type 1.			

This sample is clear and bright in appearance, neutral in reaction and free from metals, apart from a negligible trace of iron. The water is very hard in character, though not excessively so, and it contains no excess of salinity or mineral constituents in solution. It is of satisfactory organic quality, and bacterial impurity is confined to the presence of organisms of the Coli-aerogenes group in minimal number.

Subject to customary treatment, the water is considered wholesome in character and suitable for public supply purposes.

Chemical Examination of a Sample of Water

3. Chemical results in parts per million.

Appearance: Clear and bright.

Turbidity: Nil.

Colour: Less than 10.

pH: 7.2.

Electric Conductivity: 810.

Chlorine present as Chloride: 60.

Hardness: Total 385; Carbonate 295; Non-Carbonate 90.

Nitrate Nitrogen: 4.4.

Ammoniacal Nitrogen: 0.000.

Albuminoid Nitrogen: 0.023.

Metals: Iron—less than 0.03; other metals absent.

Odour: Nil.

Free Carbon Dioxide: 27.

Total Solids: 540.

Alkalinity as Calcium Carbonate 295

Nitrite Nitrogen: Less than 0.01.

Oxygen Absorbed: 0.55.

Residual Chlorine: —.

SECTION VI

LEGISLATION AND DIRECTIVES

A number of important items have come into operation during 1951 and a few of those which are directly associated with the work of the department are set out below.

The National Assistance (Amendments) Act, 1951 Removal of Persons in need of Care and Attention

This Act came into operation on 1st September, 1951, and gives Local Authorities further power to enable them to deal expeditiously with certain cases of persons in need of care and attention which they are not able to provide for themselves and are not receiving from other people. It enables the Medical Officer of Health and another registered Medical Practitioner to certify that a person should be removed without delay and an application may be made to Court without giving either the person or the hospital or institution receiving him the seven days notice previously required. An Order obtained in this manner remains in force for a period not exceeding 3 weeks.

The Puerperal Pyrexia Regulations, 1951

These regulations came into operation on 1st August, 1951, and apply throughout England and Wales including London. They replace regulations which have been in force in London and the remainder of the country respectively. They continue the effect of those regulations making Puerperal Pyrexia a notifiable disease with slight modifications including a revised definition of Puerperal Pyrexia which the administration of the replaced regulations has shown to be necessary.

The Puerperal Pyrexia Regulations 1939 did not apply to London and there the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations 1926 and 1928 remained in force. The effect of this was that Puerperal Fever was notifiable in London until the London County Council (General Powers Act) 1948 removed it from the category of notifiable (and dangerous) infectious diseases in Section 304 of the Public Health (London) Act, 1936. Puerperal Pyrexia continued to be notifiable and the requirements in London now being the same as in the rest of the Country, the opportunity has been taken in these new regulations to make one set which apply to London and the rest of the Country alike.

The Rag Flock and Other Filling Materials Act, 1951

The Rag Flock and Other Filling Materials Regulations 1951

These regulations prescribe standards of cleanliness for each kind of filling materials to which the Rag Flock and other Filling Materials Act, 1951, applies. (They specify the prescribed analysts for the purpose of tests under that Act and fix the fees which may be charged

by any analyst making such a test and the form in which the certificate of the result is to be given.)

They also prescribe the form in which the records are to be kept by occupiers of premises registered under the Act for the use of filling materials or licensed for the manufacture or storage of rag flock, and the manner in which the records are to be kept and the information which is to be recorded.

The Public Health (Leprosy) Regulations 1951

These regulations came into force on 22nd June, 1951, and are to be enforced and executed in every district by the local authority.

They require a Medical Practitioner who is attending or called in to visit a person suffering from Leprosy to notify the Chief Medical Officer of the Ministry of Health of the case by sending him a certificate of the form prescribed in the regulations.

These regulations have caused a precedent in the notification of infectious diseases by by-passing the Medical Officer of Health. This brought forth a storm of indignation from Public Health Officers and strong protests from the Society of Medical Officers of Health, who are still hopeful that the position may be rectified.

The Food and Drugs (Milk and Dairies and Artificial Cream) Act, 1950

This Act came into operation on 1st January, 1951, and consolidates certain enactments relating to Milk, Dairies and Artificial Cream, and by Section 32 is to be constructed as if it formed part of the Food and Drugs Act, 1938.

It makes no change in the law and, together with the Food and Drugs Acts, 1938 and 1944, is cited as the Food and Drugs Acts, 1938 to 1950.

Dogs in Food Shops, Restaurants, etc.

In this circular the Minister of Food draws attention to the unhygienic practice of allowing dogs in food shops. He felt he would not have any great success if he tried to stop this practice by prohibitive regulation and considered that the problem was more likely to be solved by voluntary action and appeal to the public to co-operate.

He expressed the opinion that notices signed by the Medical Officer of Health and displayed by traders, requesting customers not to bring their dogs into the premises, would be a practical step to a higher standard of food hygiene, and recommended all authorities to consider the advantage of issuing such a notice.

The Minister's recommendation in this matter was supported by the national representative bodies of the retail food trades and the Local Authority Associations.

Steps were taken immediately by this Authority to carry out the recommendation.

The Dried Egg (Control of Use) (Revocation) Order, 1951

This Order came into operation on the 1st June, 1951, and revoked the Order made in 1945.

The effect of the revocation is that Manufacturers are freed from the requirement to be licensed in order to use dried egg in the manufacture of ice cream, synthetic cream, and other bakers' cream filling, or to sell a wet mixture containing dried egg for use in the manufacture of these products. Also manufacturers who use dried egg are no longer required to disclose the fact on the container.

Notification of Infectious Diseases & Food Poisoning Ministry of Health Circular

In this circular the Minister states that he feels it is desirable that Medical Practitioners should be enabled to use a single composite form for the purpose of notifying cases of infectious disease and of food poisoning and that this form should be standardised throughout the country. It is pointed out that, as the contents of certificates to be used in notifying infectious diseases are prescribed in statutory regulations, there is no authority for requiring additional particulars to be given by practitioners on forms of certificates which are supplied to them under Section 145 of the Public Health Act, 1936, and to the submission of which the rate of fee laid down in that section applies.

The Minister also urges that there should be printed on the cover pad of forms an explanatory note on Tuberculosis, as to the reason for notification of this disease and the type of tuberculous person to be notified.

When brought into effect, these recommendations will mean a reduction in the present heterogeneous assortment of forms in use, and simplify the transmission, filing, etc., of wrongly addressed notifications.

SECTION VII

LABORATORY SPECIMENS EXAMINED

Throat swabs for Diphtheria Bacilli, Haemolytic Streptococci and Vincent's Angina							2
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SECTION VIII

CLINICS

Maternity and Child Welfare

<i>Centre.</i>	<i>Location.</i>	<i>Sessions.</i>	<i>Sessions with Medical Officer.</i>
ETON.	College Arms, High Street.	1st and 3rd Tuesday.	3rd Tuesday.
ETON WICK.	Village Hall.	1st and 3rd Friday.	1st Friday.

Married Women's Advisory Clinic

SLOUGH.	Health Centre, Burlington Road, Slough.	Fridays Weekly.	2.30 p.m.- 4 p.m.
SLOUGH.	Community Centre, Farnham Road, Slough.	Wednesdays Weekly.	2 p.m.-4 p.m.

Chest Clinic

The Chest Clinic is at the Kipling Memorial Buildings, Alma Road, Windsor, where appointments may be made with the Chest Physician in Charge.

Venereal Disease

King Edward VII Hospital, Windsor.
Hillingdon Hospital, Hillingdon, Middlesex.
Royal Berkshire Hospital, Reading, Berks.

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CHIEF SANITARY INSPECTOR

Water Supply

Water to the area is supplied by Windsor Corporation by their waterworks at Tangier Island. A piped water supply is available to the whole of the district. The supply has throughout the year been maintained at an adequate pressure.

Windsor Corporation have been requested to supply copies of both chemical and bacteriological reports, and in future, copies of reports of samples taken from points which supply the Eton area are being forwarded for record purposes. In the past, access has been readily available to these records at the Town Hall, Windsor.

In addition to the area supplied by the Windsor Corporation, three cottages and the boat houses in Pococks Lane, are supplied with piped water supply from the Slough Corporation Waterworks in Pococks Lane. Three cottages are without a piped water supply and rely on wells for water.

No recent samples of water have been taken from the wells.

There were no major extensions to the water mains and area of supply during the year.

During the year 29 new houses were connected to the public supply.

All the water supplied to the area is chlorinated.

The Council provides a supply of water to Boveney Camp in the Rural District area.

Drainage and Sanitation

The work of transferring Eton sewage to Slough Corporation Purification Works for treatment is awaiting the Ministry of Housing and Local Government's approval to proceed with the laying of the necessary pipe line and ancillary works. For the present the sewage is being disposed of by land irrigation and filter beds at Bell Farm. The sewage farm consists of 19 acres of land available for irrigation and three filter beds. For the major part of the year the sewage is applied to the land, and the filter beds used during the time when the land is being prepared for cropping and harvesting.

A new pumping station is now under construction to deal with the sewage from the Eton area. This will be of automatic operation and prevent the continuous surcharging of the sewers.

There were no major extensions to the sewers during the year.

During the year 29 new properties were connected to the public sewer, and in addition one house provided with a cesspool was connected to the sewerage system.

There are fifteen cesspools in the area into which eighteen houses discharge their sewage. In addition there is a licensed caravan site for twelve caravans which is provided with an ablution and sanitary block which also drains into a cesspool. One additional caravan not on this site, is provided with a chemical closet. There are twelve other premises relying on bucket closets for their sanitation, the contents of which are buried by the occupiers in their gardens.

Periodic cleansing of cesspools has been carried out on demand by the occupiers of the premises. The Council have a contract for the hire of the necessary exhauster, and the contents are discharged at Eton Wick Pumping Station and then pumped on to the sewage farm.

During the year of the report no problem or observation on the operation of the sewage farm was brought forward.

Refuse Disposal

The Council own a Dennis refuse collection freighter for the collection of house refuse. The refuse from the whole of the area, with the exception of some parts of Eton College, is collected once a week, and the Council collects from both householders and business premises. Exceptional collections from business premises are, however, collected by arrangement with the occupiers, or alternatively, facilities are provided for shopkeepers to cart their exceptional refuse to the Council's tip, where it is disposed of free of cost to the shopkeeper.

There has been an arrangement in being for some considerable time whereby local pig keepers collect swill from many of the College boys' houses and in return remove the refuse from these houses, which is taken to the tip for disposal. In several cases this has been found to be unsatisfactory, and in such cases the Council have taken over the removal of the domestic refuse from these premises. In other parts of the College proper, the College authorities themselves collect their refuse and convey it to the Council's tip; this is mainly ashes from the various boilers.

Refuse is disposed of by means of controlled tipping in a disused shallow gravel working near Cuckoo Wier.

During the year a very limited amount of salvage was collected by the Council. This is no indication of the actual salvage collected in the area, because there is a very thorough approved collection of

kitchen waste carried out by the five pig keepers, and a regular weekly collection of paper by the Berkshire Waste Paper Company.

Housing

During the year 89 houses were inspected for housing defects. Some by reason of complaints by the tenants and others for the purpose of obtaining licences for controlled materials for repairs. In all, 195 visits were made for this purpose. No houses were found to be in a state so dangerous as to be unfit for human habitation. In 33 houses defects were found which rendered them not reasonably fit for human habitation, and these were remedied by informal notice on the owners. No formal notices were required and it was therefore not necessary for the Local Authority to take any action in default of owners.

During 1951, 16 houses and 7 shops with flats over were completed by the Council, and six houses by private enterprise.

At the 31st December, 1951, the Council had completed the following post-war houses:

12 Prefabricated Bungalows
2 one-bedroom houses
30 two-bedroom houses
85 three-bedroom houses
8 four-bedroom houses

and had under construction a further

14 three-bedroom houses
8 two-bedroom flats
12 Old Persons flats.

Eradication of Bed Bugs

Number of Council houses infested	.....	.....	.....	.....	nil
Number of other houses infested	.....	.....	.....	.....	nil
Number of Council houses disinfested	.....	.....	.....	.....	nil
Number of other houses disinfested	.....	.....	.....	.....	nil

Miscellaneous Controlled Premises

<i>Description</i>	<i>No. in District</i>	<i>No. Registered</i>	<i>No. of Inspections made</i>
Bakehouses	2	2	16
Slaughterhouses	1	1	Not used
Cowkeepers	7	7	} Duties performed by Bucks County Council.
Dairies (including Milk Retailers)	13	13	

Outworkers

The latest list of outworkers contains 14 persons engaged with two firms.

Disinfestation

Rooms in three houses were disinfected.

Inspection and Supervision of Food

Milk Supply. There were 6 Supplementary Milk Licences issued under the Milk (Special Designation) Regulations, 1949.

Meat and other foods. 20 lbs. Fish, 4 gallons Winkles, 260 lbs. meat, 288 lbs. canned meat, 22 tins of food and preserves have been condemned as unfit for human consumption.

Ice Cream and Preserved Foods

During the year, no additional premises were registered for the sale or manufacture of ice cream and preserved foods, under the provisions of the Food and Drugs Act, 1938; twenty-three premises are now registered for this purpose.

Rodent Control

All reported cases of infestation have been satisfactorily treated. The Council carries out periodic treatment at its refuse tip, pumping station and farm. The Council is still unable to satisfactorily carry out sewer treatment because of the constant surcharging of the sewers. This, it is hoped, will be remedied when the new pumping station, which is now under construction, is completed.

Moveable Dwellings

There were 13 licensed caravans on two sites within the Urban area. Several visits were made to Crown Farm site, due to complaints re overflowing cesspool and lack of proper facilities for refuse collection. The matter of enforcement of conditions of the licence were still under discussion at the end of the year.

Swimming Pools

There are two swimming pools in the Urban area, one a private pool managed by Eton College, and the other a public pool controlled by the Windsor and Eton Humane Society. The pools are in fact part of the backwater of the River Thames known as Cuckoo Weir, and areas of the banks have been fenced off for the convenience of the

bathers. The water is untreated river water, and no notice was received of any injurious affection to health by their use.

Shops Act

Periodic inspections are made to various shops, and such action as was necessary was dealt with informally.

Smoke Abatement

No cases needing the Council's action were reported or observed.

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